

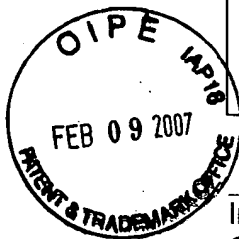
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV971797931US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 9, 2007

Signature:

*Michelle Jacobson*  
(Michelle Jacobson)

Docket No.: 2055N(204231)  
(PATENT)



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Choong-Chin Liew

Application No.: 10/812,707

Confirmation No.: 5409

Filed: March 30, 2004

Art Unit: 1634

For: METHOD FOR THE DETECTION OF  
ALLERGIES RELATED GENE  
TRANSCRIPTS IN BLOOD

Examiner: J. C. Switzer

**REQUEST FOR EXTENSION OF TIME**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions for a five month extension of time to and including February 28, 2007 to respond to the Office Action mailed August 30, 2006.

This petition is being filed in order to ensure copendency with application being filed concurrently herewith.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Please charge our Deposit Account No. 04-1105 in the amount of \$1,080.00 covering the fee set forth in 37 CFR 1.17(a)(5). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our

5247-001  
B1 FC 2255

04-1105 04-1105

10812707

Application No.: 10/812,707

2

Docket No.: 2055N(204231)

Deposit Account No. 04-1105, under Order No. 2055N(204231). A duplicate copy of this paper is enclosed.

Dated: February 9, 2007

Respectfully submitted,

By *Amy DeCloux*  
*Amy DeCloux 54849*  
Kathleen Williams

Registration No.: 34,380  
EDWARDS ANGELL PALMER & DODGE  
LLP

P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 439-4444  
Attorneys/Agents For Applicant



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**

☒ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/812,707-Conf. #5409
Filing Date	March 30, 2004
First Named Inventor	Choong-Chin Liew
Examiner Name	J. C. Switzer
Art Unit	1634
Attorney Docket No.	2055N(204231)

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 1,080.00
--------------------------------	----------------------

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 21 - 234 Extra Claims 0 x Fee (\$) 0 = Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 1 - 21 = Extra Claims 0 x Fee (\$) 0 = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month	1,080.00

**SUBMITTED BY**

Signature	<i>Amy DeClaw</i> 54849 Amy	Registration No. (Attorney/Agent)	34,380	Telephone	(617) 439-4444
Name (Print/Type)	Kathleen Williams	Date	February 9, 2007		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV971797931US, on the date shown below in an envelope addressed to:  
MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 9, 2007 Signature: *Michelle Jacobson* (Michelle Jacobson)